

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

ADDRESS (number and street) ▼

P.O. Box 26588

☐ Check if different than previously reported. (ACC)

Birmingham

AL

35260

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00421040

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Erin Poirier

Signature of Treasurer

Erin Poirier

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|--|--|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015 | | 17671.39 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 17671.39 | |
| (c) Total Receipts (from Line 19) | 11178.00 | 11178.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 28849.39 | 28849.39 |
| 7. Total Disbursements (from Line 31) | 5500.00 | 5500.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 23349.39 | 23349.39 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10500.00

10500.00

(ii) Unitemized

678.00

678.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11178.00

11178.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

11178.00

11178.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

11178.00

11178.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

11178.00

11178.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 5500.00 | 5500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 5500.00 | 5500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 5500.00 | 5500.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 11178.00 | 11178.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 11178.00 | 11178.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 19

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. EDWARD ABDULLAH

Mailing Address 1245 WILSHIRE BLVD STE 703

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LOS ANGELES | CA | 90017 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ANGELES CARDIOLOGYOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 06 | | 2015 |

Transaction ID : SA11AI.6079

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ALLEN ATCHLEY

Mailing Address 3413 CLOUDCREST TRAIL

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| SIGNAL MOUNTAIN | TN | 37377 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHATTANOOGA HEARTOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 14 | | 2015 |

Transaction ID : SA11AI.6083

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Robert K Berglund MD

Mailing Address 2501 Citico Ave

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Chattanooga | TN | 37404 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chattanooga Heart InstituteOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 14 | | 2015 |

Transaction ID : SA11AI.6117

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 19
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. Gerald Blackwell

Mailing Address 2050 Meadowview Parkway

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Kingsport | TN | 37660 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Associates, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 05 | | | 29 | | | 2015 | | | |

Transaction ID : SA11AI.6116

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. RICH BODAGER

Mailing Address 520 MEDICAL CENTER DRIVE STE 200

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| MEDFORD | OR | 97504 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN OREGON CARDIOLOGY

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 01 | | | 09 | | | 2015 | | | |

Transaction ID : SA11AI.6081

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. GREGORY BRUCE

Mailing Address 2524 BUGLE CALL WAY

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| SIGNAL MOUNTAIN | TN | 37337 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHATTANOOGA HEART

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 01 | | | 14 | | | 2015 | | | |

Transaction ID : SA11AI.6085

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 8 OF 19
 (check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. DR Eric H Conn MD

Mailing Address 2501 citico Ave

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Chattanooga | TN | 37404 |

FEC ID number of contributing federal political committee.

Name of Employer

Chattanooga Heart Institute

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6087

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. WYNNE CRAWFORD MD

Mailing Address 273 WINTON M BOUNT LOOP

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| MONTGOMERY | AL | 35124 |

FEC ID number of contributing federal political committee.

Name of Employer

MONTGOMERY CARDIOVASCULAR ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 06 | / | 2015 |

Transaction ID : SA11AI.6069

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. R ERIC CRUM MD

Mailing Address 273 WINTON M BOUNT LOOP

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| MONTGOMERY | AL | 35124 |

FEC ID number of contributing federal political committee.

Name of Employer

MONTGOMERY CARDIOVASCULAR ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 06 | / | 2015 |

Transaction ID : SA11AI.6070

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. JOSE ESCOBAR

Mailing Address PO BOX 241587

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| MONTGOMERY | AL | 36124 |

FEC ID number of contributing federal political committee.

C

 Name of Employer
 MONTGOMERY CARDIOVASCULAR

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 06 | | 2015 |

Transaction ID : SA11AI.6077

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. H FORREST FLEMMING MD

Mailing Address 273 WINTON M BOUNT LOOP

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| MONTGOMERY | AL | 36124 |

FEC ID number of contributing federal political committee.

C

 Name of Employer
 MONTGOMERY CARDIOVASCULAR ASSO

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 06 | | 2015 |

Transaction ID : SA11AI.6066

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. ANDREW FOWER

Mailing Address 12 SAINT IVES WAY

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| SIGNAL MOUNTAIN | TN | 37337 |

FEC ID number of contributing federal political committee.

C

 Name of Employer
 CHATTANOOGA HEART

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 14 | | 2015 |

Transaction ID : SA11AI.6088

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 19

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. DAVID GEORGE MD

Mailing Address 273 WINTON M BOUNT LOOP

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| MONTGOMERY | AL | 36124 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTGOMERY CARDIOVASCULAR ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 06 | / | 2015 |

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. GORDAN GRAHAM

Mailing Address 238 CHERRY ST

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| CHATTANOOGA | TN | 37403 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHATTANOOGA HEART

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6090

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DARRYL HAMILTON MD

Mailing Address 273 WINTON M BOUNT LOOP

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| MONTGOMERY | AL | 36124 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTGOMERY CARDIOVASCULAR ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 06 | / | 2015 |

Transaction ID : SA11AI.6072

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 19

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. DR James W Hoback MD

Mailing Address 2501 Citico Ave

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Chattanooga | TN | 37404 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chattanooga Heart Institute

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6092

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ERIC KRIVITSKY

Mailing Address 200 MANUFACTURERS RD APT 208

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| CHATTANOOGA | TN | 37405 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHATTANOOGA HEART

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6093

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. SAMUEL LEDFORD

Mailing Address 175 LAMPLIGHTER LN

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| SIGNAL MOUNTAIN | TN | 37377 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHATTANOOGA HEART

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 12 OF 19

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. LANNEAU LIDE

Mailing Address 1400 SHERWOOD ROAD

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| COLUMBIA | SC | 29204 |

FEC ID number of contributing federal political committee.

C

 Name of Employer
 CARDIOVASCULAR ASSOCIATES

 Occupation
 PHYSICIANS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 02 | | | 26 | | | 2015 | | | |

Transaction ID : SA11AI.6113

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR ONDREJ LISY

Mailing Address 2501 CITICO AVE

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| CHATTANOOGA | TN | 37404 |

FEC ID number of contributing federal political committee.

C

 Name of Employer
 CHATTANOOGA HEART INST

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 01 | | | 14 | | | 2015 | | | |

Transaction ID : SA11AI.6097

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. VINAY MADAN

Mailing Address 200 MANUFACTURERS ROAD

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| CHATTANOOGA | TN | 37405 |

FEC ID number of contributing federal political committee.

C

 Name of Employer
 CHATTANOOGA HEART

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 01 | | | 14 | | | 2015 | | | |

Transaction ID : SA11AI.6098

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. james I Marcum md

Mailing Address 2501 citico

City

chattanooga

State

TN

Zip Code

37404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chattanooga Heart Institute

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2015

Transaction ID : SA11AI.6100

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. TODD MILLER

Mailing Address PO BOX 241587

City

MONTGOMERY

State

AL

Zip Code

36124

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTGOMERY CARDIOVASCULAR ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

01 / 06 / 2015

Transaction ID : SA11AI.6075

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. robert j Mills md

Mailing Address 2501 citico

City

chattanooga

State

TN

Zip Code

37404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chattanooga Heart Institute

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2015

Transaction ID : SA11AI.6101

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 19

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. Brian C Mitchell MD

Mailing Address 2501 citco

City

chattanooga

State

TN

Zip Code

37404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chattanooga Heart Institute

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6102

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. STEPHEN MONROE

Mailing Address 2547 BUGLE CALL WAY

City

SIGNAL MOUNTAIN

State

TN

Zip Code

37377

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHATTANOOGA HEART

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6103

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. PAUL MOORE MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

36124

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTGOMERY CARDIOVASCULAR ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 06 | / | 2015 |

Transaction ID : SA11AI.6068

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

825.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 19

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. brian h Negus md

Mailing Address 2501 citico

City

chattanooga

State

TN

Zip Code

37404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chattanooga Heart Institute

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6105

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. WILLIAM F OELLERICH MD

Mailing Address 2501 CITICO

City

CHATTANOOGA

State

TN

Zip Code

37404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chattanooga Heart Institute

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JOSEPH K POWERS MD

Mailing Address 2501 CITICO

City

CHATTANOOGA

State

TN

Zip Code

37404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chattanooga Heart Institute

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6107

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 19
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. GREGG S SHANDER MD

Mailing Address 2501 CITICO

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| CHATTANOOGA | TN | 37404 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chattanooga Heart InstituteOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6108

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MARK C THEL MD

Mailing Address 2501 CITICO

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| CHATTANOOGA | TN | 37404 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chattanooga Heart InstituteOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6109

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR LISA G UMPHREY

Mailing Address 250 STONEWOOD DR NW

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| CLEVELAND | TN | 37311 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHATTANOOGA HEART INSTOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6110

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 19
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. WILLIAM P WARREN MD

Mailing Address 2501 CITICO

City

CHATTANOOGA

State

TN

Zip Code

37404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chattanooga Heart Institute

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6111

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DAVID J WENDT MD

Mailing Address 2501 CITICO

City

CHATTANOOGA

State

TN

Zip Code

37404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chattanooga Heart Institute

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01 | / | 14 | / | 2015 |

Transaction ID : SA11AI.6112

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| | / | | / | |

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

10500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 19

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. Jason Chaffetz

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | | 15 | | 2015 |

Mailing Address 315 WESTFIELD CIRCLE

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| ALPINE | UT | 84004 |

Transaction ID : SB23.6046

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

| |
|---------|
| Amount |
| 1000.00 |

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2015 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: UT District: 03

Full Name (Last, First, Middle Initial)

B. BEN LUJAN

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 23 | | 2015 |

Mailing Address PO BOX 31129

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| SANTA FE | NM | 87594 |

Transaction ID : SB23.6052

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

| |
|--------|
| Amount |
| 500.00 |

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2015 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: NM District: 03

Full Name (Last, First, Middle Initial)

C. PETER G. OLSON

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 23 | | 2015 |

Mailing Address 3319 OAKMONT DR

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| SUGAR LAND | TX | 77479 |

Transaction ID : SB23.6050

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

| |
|---------|
| Amount |
| 1000.00 |

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2015 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: TX District: 22

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| Amount |
| 2500.00 |

| |
|--------|
| Amount |
| |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 19

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. FRANK JR PALLONE

Mailing Address 1187 OCEAN AVENUE

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LONG BRANCH | NJ | 07740 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: NJ District: 06

| |
|--|
| Disbursement For: 2015 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 23 | | 2015 |

Transaction ID : SB23.6056

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Bill Pascrell

Mailing Address PO BOX 100

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| TEANECK | NJ | 07666 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: NJ District: 09

| |
|--|
| Disbursement For: 2015 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 23 | | 2015 |

Transaction ID : SB23.6054

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| ALEXANDRIA | VA | 22314 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: PA District: 00

| |
|--|
| Disbursement For: 2015 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 23 | | 2015 |

Transaction ID : SB23.6057

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3000.00 |
|---------|

| |
|---------|
| 5500.00 |
|---------|